

FEC FORM 3L**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS
AND LOBBYIST/REGISTRANT PACs**

SECRETARY OF THE SENATE

15 JAN 30 PM 3: 59

1. NAME OF COMMITTEE (in full) Peters for Michigan		TYPE OR PRINT	Example: If typing, type over the lines. 12FE4M5
ADDRESS (number and street) PO Box 226			
Check if different than previously reported. (ACC)		Bloomfield Hills	MI 48303
		CITY	STATE
		ZIP CODE	
2. FEC IDENTIFICATION NUMBER C C00437889		3. IS THIS REPORT <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)	
		4. STATE DISTRICT MI 00 For Candidates Only	
5. TYPE OF REPORT (Choose One)			
(a) Quarterly Reports:			
April 15 Quarterly Report (Q1)		(b) Monthly Report Due On:	
July 15 Quarterly Report (Q2) and/or Semi-annual Report		Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)	
October 15 Quarterly Report (Q3)		Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)	
<input checked="" type="checkbox"/> January 31 Year-End Report (YE) and/or Semi-annual Report		Apr 20 (M4) Jul 20 (M7) and/or Semi-annual Report Oct 20 (M10) Jan 31 (YE) and/or Semi-annual Report	
July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report		(c) 12-Day PRE-Election Report for the:	
		Primary (12P) General (12G) Runoff (12R) This report also covers the semi-annual period	
		Special (12S) Convention (12C)	
		Election on 11/03/2014 in the State of MI See Line 6(b)	
		(d) 30-Day POST-Election Report for the:	
		General (30G) Runoff (30R) Special (30S) This report also covers the semi-annual period	
		Election on 11/03/2014 in the State of MI See Line 6(b)	
6. Covered Period(s)			
(a) Quarterly/Monthly/Pre-/Post-Election Covered Period		(b) Semi-annual Covered Period	
This report covers 10/01/2014 through 12/31/2014 and/or		January 1 - June 30	
		<input checked="" type="checkbox"/> July 1 - December 31	
7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs			
(a) Quarterly/Monthly/Pre-/Post-Election Covered Period		(b) Semi-annual Covered Period	
18080.61		194305.28	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer Steven Mele			
Signature of Treasurer Steven Mele Date 01/30/2015			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.			
Office Use Only			

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02/2009

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